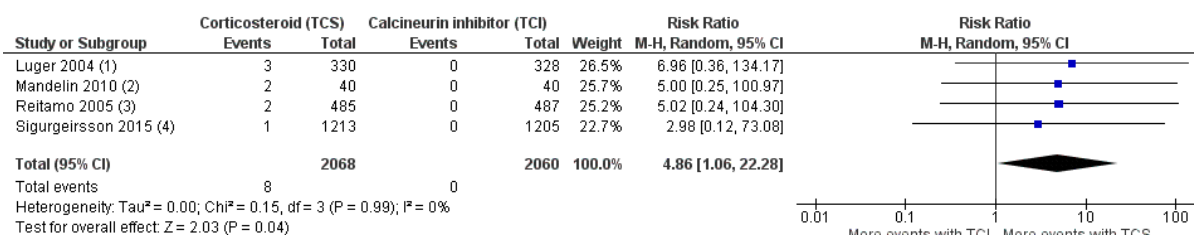
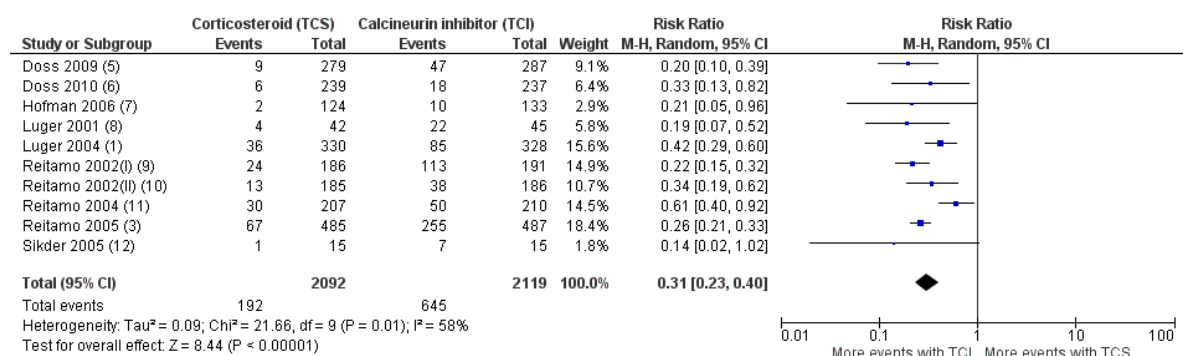


Appendix 8 – meta-analysis of TCS versus TCI – cutaneous adverse events

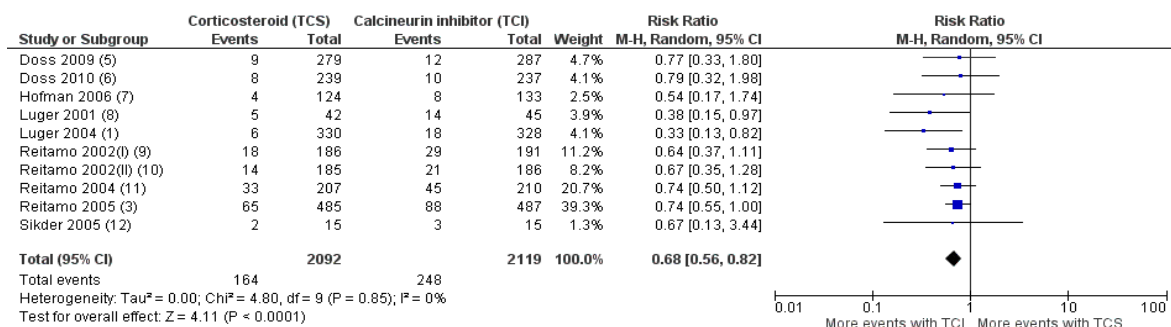
1) Skin thinning



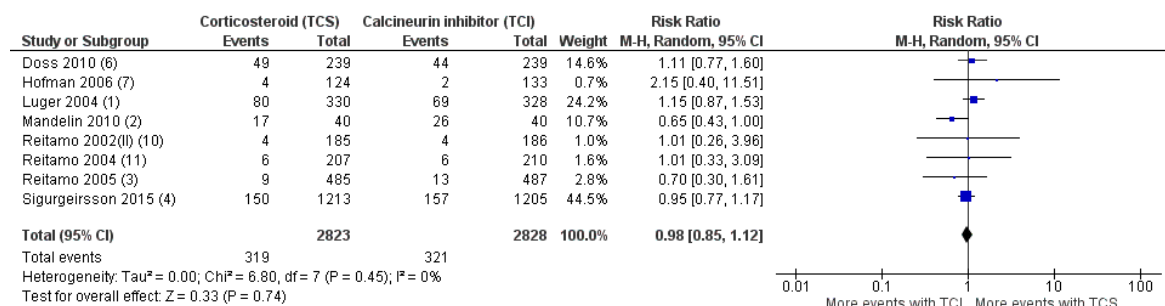
2) Skin burning



3) Pruritus



4) Skin infections



References:

1. Luger T, Lahfa M, Folster-Holst R, Gulliver W, Allen R, Molloy S, et al. Long-term safety and tolerability of pimecrolimus cream 1% and topical corticosteroids in adults with moderate to severe atopic dermatitis. *J Dermatolog Treat*. 2004;**15**(3):169-78
2. Mandelin J, Remitz A, Virtanen H, Reitamo S. One-year treatment with 0.1% tacrolimus ointment versus a corticosteroid regimen in adults with moderate to severe atopic dermatitis: A randomized, double-blind, comparative trial. *Acta Derm Venereol*. 2010;**90**(2):170-4
3. Reitamo S, Ortonne J, Sand C, Cambazard F, Bieber T, Folster-Holst R, et al. A multicentre, randomized, double-blind, controlled study of long-term treatment with 0.1% tacrolimus ointment in adults with moderate to severe atopic dermatitis. *Br J Dermatol*. 2005;**152**(6):1282-9
4. Sigurgeirsson B, Boznanski A, Todd G, Vertruyen A, Schuttelaar M, Zhu X, et al. Safety and efficacy of pimecrolimus in atopic dermatitis: a 5-year randomized trial. *Pediatrics* 2015;**135**(4):597-606
5. Doss N, Reitamo S, Dubertret L, Fekete G, Kamoun M, Lahfa M, et al. Superiority of tacrolimus 0.1% ointment compared with fluticasone 0.005% in adults with moderate to severe atopic dermatitis of the face: results from a randomized, double-blind trial. *Br J Dermatol*. 2009;**161**(2):427-34
6. Doss N, Kamoun M, Dubertret L, Cambazard F, Remitz A, Lahfa M, et al. Efficacy of tacrolimus 0.03% ointment as second-line treatment for children with moderate-to-severe atopic dermatitis: evidence from a randomized, double-blind non-inferiority trial vs. fluticasone 0.005% ointment. *Pediatr Allergy Immunol*. 2010;**21**(2 Pt 1):321-9.
7. Hofman T, Cranswick N, Kuna P, Boznanski A, Latos T, Gold M, et al. Tacrolimus ointment does not affect the immediate response to vaccination, the generation of immune memory, or humoral and cell-mediated immunity in children. *Arch Dis Child*. 2006;**91**(11):905-10
8. Luger T, Van Leent E, Graeber M, Hedgecock S, Thurston M, Kandra A, et al. SDZ ASM 981: an emerging safe and effective treatment for atopic dermatitis. *Br J Dermatol*. 2001;**144**(4):788-94
9. Reitamo S, Rustin M, Ruzicka T, Cambazard F, Kalimo K, Friedmann P, et al. Efficacy and safety of tacrolimus ointment compared with that of hydrocortisone butyrate ointment in adult patients with atopic dermatitis. *J Allergy Clin Immunol*. 2002;**109**(3):547-55
10. Reitamo S, Van Leent E, Ho V, Harper J, Ruzicka T, Kalimo K, et al. Efficacy and safety of tacrolimus ointment compared with that of hydrocortisone acetate ointment in children with atopic dermatitis. *J Allergy Clin Immunol*. 2002;**109**(3):539-46
11. Reitamo S, Harper J, Bos J, Cambazard F, Bruijnzeel-Koomen C, Valk P, et al. 0.03% Tacrolimus ointment applied once or twice daily is more efficacious than 1% hydrocortisone acetate in children with moderate to severe atopic dermatitis: results of a randomized double-blind controlled trial. *Br J Dermatol*. 2004;**150**(3):554-62
12. Sikder M, Al Mamun S, Khan R, Chowdhury A, Khan H, Hoque M. Topical 0.03% tacrolimus ointment, 0.05% clobetasone butyrate cream alone and their combination in older children with atopic dermatitis - An open randomized comparative study. *J Pak Assoc Dermatol*. 2005;**15**(4):304-12